2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043361

Entity Name: NAVITAS CREDIT CORP.

Current Principal Place of Business:

203 FORT WADE ROAD

SUITE 300

PONTE VEDRA BEACH, FL 32081

Current Mailing Address:

303 FELLOWSHIP ROAD

SUITE 310,

MT. LAUREL, NJ 08054 US

FEI Number: 26-2520942 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DENISE BELL, ASST, SECRETARY 03/26/2025

Address

Electronic Signature of Registered Agent

Date

FILED Mar 26, 2025

Secretary of State

6081936795CC

Officer/Director Detail:

Title **DIRECTOR** Title CORPORATE SECRETARY Name HARTON, H. LYNN Name DAVIS LUX, MELINDA 203 FORT WADE ROAD

Address 203 FORT WADE ROAD SUITE 300

SUITE 300

PONTE VEDRA BEACH FL 32081 City-State-Zip:

PONTE VEDRA BEACH FL 32081 City-State-Zip:

Title Title **PRESIDENT** DIRECTOR

EDWARDS, ROBERT A. BRUMAN, MICHAEL Name Name

203 FORT WADE ROAD 203 FORT WADE ROAD Address Address SUITE 300

SUITE 300

PONTE VEDRA BEACH FL 32081 PONTE VEDRA BEACH FL 32081 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name COX, ABRAHAM Name SHIVERS, GARY

203 FORT WADE ROAD 200 E CAMPERDOWN WAY Address Address

SUITE 300

GREENVILLE SC 29601 City-State-Zip: City-State-Zip: PONTE VEDRA BEACH FL 32081

Title **TREASURER**

Title Name HILL. ROBERT D

Name KUMLER, ALAN H. 203 FORT WADE ROAD Address

Address 125 HIGHWAY 515 E. SUITE 300

BLAIRSVILLE GA 30512 City-State-Zip: City-State-Zip: PONTE VEDRA BEACH FL 32081

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELINDA DAVIS LUX

CORPORATE SECRETARY

03/26/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title SOLE SHAREHOLDER

Name UNITED COMMUNITY BANK

Address 203 FORT WADE ROAD

SUITE 300

City-State-Zip: PONTE VEDRA BEACH FL 32081

Title DIRECTOR

Name HARRALSON, JEFFERSON L.

Address 203 FORT WADE ROAD

SUITE 300

City-State-Zip: PONTE VEDRA BEACH FL 32081

Title DIRECTOR

Name BRUMAN, MICHAEL

Address 203 FORT WADE ROAD

SUITE 300

City-State-Zip: PONTE VEDRA BEACH FL 32081